



HEALTH QUARTERLY STATEMENT

As of March 31, 2001
of the Condition and Affairs of the

Aetna U.S. Healthcare Inc. (a Maine corporation)

NAIC Group Code..... 0001, 0001 <small>(Current Period) (Prior Period)</small>		NAIC Company Code..... 95517	Employer's ID Number..... 01-0504252
Organized under the Laws of the State of ME		State of Domicile or Port of Entry ME	
Country of Domicile United States			
Licensed as business type Health Maintenance Organization			
Date Incorporated or Organized..... October 3, 1995		Date Commenced Business..... April 10, 1996	
Statutory Home Office	One Monument Square, Fifth Floor..... Portland ME 4101 <small>(Street and Number) (City or Town, State and Zip Code)</small>		
Main Administrative Office	980 Jolly Road, P.O. Box 1109..... Blue Bell PA 19422 <small>(Street and Number) (City or Town, State and Zip Code)</small>		800-872-3862 <small>(Area Code) (Telephone Number)</small>
Mail Address	980 Jolly Road, P.O. Box 1109..... Blue Bell PA 19422 <small>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	980 Jolly Road, P.O. Box 1109..... Blue Bell PA 19422 <small>(Street and Number) (City or Town, State and Zip Code)</small>		800-872-3862 <small>(Area Code) (Telephone Number)</small>
Internet Website Address	aetnaushc.com		
Statement Contact	James David Weiss <small>(Name)</small> AUSHC.HMOReporting@aetna.com <small>(E-Mail Address)</small>		215-775-6508 <small>(Area Code) (Telephone Number) (Extension)</small> 215-775-6790 <small>(Fax Number)</small>

OFFICERS

President	Mary Claire Bonner	Treasurer	David Charles Smyk
Secretary	Gregory Stephen Martino		

VICE PRESIDENTS

Steven Jay Sigal	Paul Jeremiah Selian	James David Weiss	Alicia Helene Bolton
------------------	----------------------	-------------------	----------------------

DIRECTORS OR TRUSTEES

Mary Claire Bonner	Daniel Richard Fishbein	Wayne Sedrick Rawlins #
--------------------	-------------------------	-------------------------

State of..... Pennsylvania
County of..... Montgomery

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

_____ (Signature) Mary Claire Bonner _____ (Printed Name) President	_____ (Signature) Gregory Stephen Martino _____ (Printed Name) Secretary	_____ (Signature) David Charles Smyk _____ (Printed Name) Treasurer
--	---	--

Subscribed and sworn to before me this
.....day of, 2001
.....